

Name in Full

Certificate of Death

Margaret Abbott

Town

County

Died at Sonacoring

MARYLAND

Date 1902 March 19 Y. M. D. Age 3-6-15 Native of Sonacoring Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Father's Name John Abbott Jr. Mother's Name Margaret Sloan  
 Maiden Name

Cause of Death Primary Immediate - Pulmonary Edema How long sick 5 weeks  
 Accident, Suicide, Homicide

Reported by James O. Bullock M.D.

Address Sonacoring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74842







Levi Ambrose.

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date 1902 <sup>Month</sup> Mr. <sup>Day</sup> 16 <sup>Age</sup> <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup>

Male White Married Widowed Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Never married~~

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name Levi Ambrose Mother's Name Alla ~~Ambrose~~ Moore

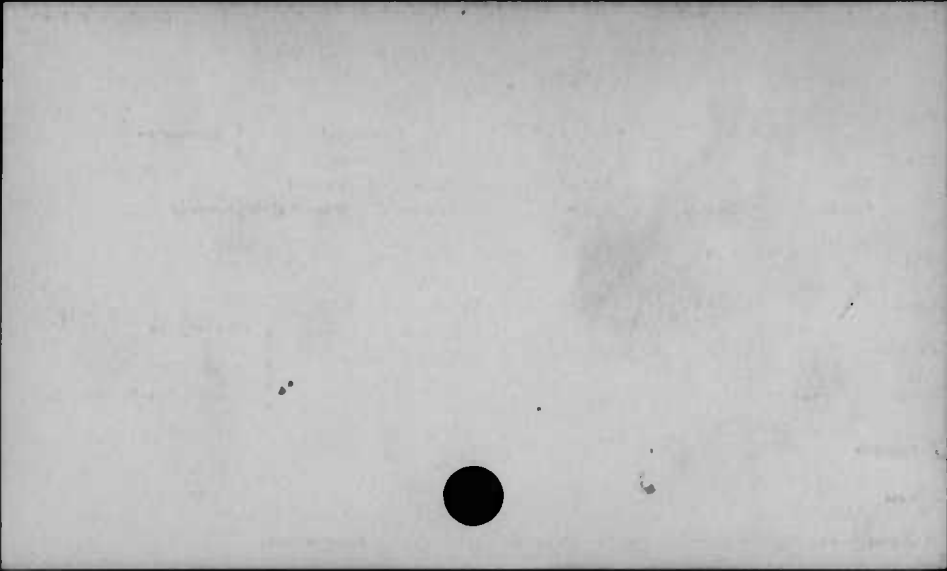
Cause of Death { Primary Premature labor. How long sick  
 Immediate Accident, Suicide, Homicide

Reported by H. S. Wailer 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

Mrs. Edward Barnhouser

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Mar 12

Age

38

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Hemorrhage of bones

How long sick

Several weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. S. Wailes

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808







Died at Tunnelburg Allegany MARYLAND  
 Town County  
 Date 1902 March 26 26 mul chicel  
 Month Day Y. M. D. Native of Occupation  
 Age Dead born  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 2

Husband  
of  
Wife

Father's Name William H. Brodrick Mother's Name Elizabeth Fullinger  
 Maiden Name

Cause of Death Primary Immediate  
 How long sick Dead born  
 Accident, Suicide, Homicide

Reported by J. J. Morrison

Address Tunnelburg mul

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







~~Michael~~ Patrick Brodigan

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 10

Age

78 0 0

Ireland

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband  
of

Wife

Father's

Name

John Brodigan

Mother's

Maiden Name

40

Cause of

Primary

Cancer of Stomach

How long sick

6 months

Death

Immediate

Starvation

~~Accident, Suicide, Homicide~~

Reported by

Address

J. M. Bear  
Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full *Jessie G. Cape*  
 Died at *Bumblund* <sup>Town</sup> *Allegheny* <sup>County</sup> MARYLAND  
 Date 19*12* <sup>Month</sup> *Mar* <sup>Day</sup> *19* <sup>Y.</sup> *30* <sup>M.</sup> *7* <sup>D.</sup> *-* <sup>Native of</sup> *Bumblund* <sup>Occupation</sup> *Shumber*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *none*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

☒ Accident, ☐ Suicide, ☐ Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

Infant of Joseph Thomas Casey

Town

County

MARYLAND

Died at

Mt Sarage

Alleyan

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 19

Age

—

—

—

Ind

—

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

~~Widow~~~~Number of children living~~Husband  
of

Wife

Father's

Mother's

Name

Joseph Thomas Casey

Maiden Name

Margaret May Hinkle

Cause of

Primary

How long sick

Death

Immediate

Still Born

Accident, Suicide, Homicide

Reported by

Edward Charles

Address

Mt-Sarage

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893







Name in Full

Certificate of Death

(Still Birth) Clark

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

3

3

Age

Y.

M.

D.

-

-

-

Native of

md

Occupation

none

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Clark

Mother's

Maiden Name

Anna Pearson

Cause of

Primary

not known

Death

Immediate

not known

How long sick

Accident, Suicide, Homicide

Reported by

J. H. Fochtmann

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893







Isabella Clarkson

Town Sonacoming County Allegany MARYLAND

Died at Sonacoming Month Mar Day 23 Y. 78 M. 8 D. 1 Native of Scotland Occupation Wife

Male White Married Widow ~~Divorced~~ Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

~~Wife~~ of Gavin Clarkson (Deceased)

Wife Thomas Stevenson Mother's Name Isabella Selkirk

Cause of Death { Primary Senility Immediate Heart failure How long sick 5 months

184 ~~Accident, Suicide, Homicide~~

Reported by M. Gibson PorterAddress Sonacoming Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

Bessie Clem

Town

County

Died at Cumberland

MARYLAND

Date 1902 Mar 22 Y. M. D. 4 Native of Md Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Premature Birth

How long sick

4 da

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







*Albushouse*

Died at *Cumberland* Town *Alleghany* County *MARYLAND*

Date 19*02* Month *3* Day *24* Age *1* Y. M. D. Native of *md* Occupation \_\_\_\_\_

Male ☒ White ☒ Married ☒ Widowed ☒ ~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of \_\_\_\_\_  
Wife

Father's Name *Unknown* *151* Mother's Maiden Name *Ada Conner*

Cause of Death { Primary *Premature birth* How long sick *3 hours*  
Immediate \_\_\_\_\_ ~~Accident, Suicide, Homicide~~

Reported by

Address

*J. M. Spear*  
*Cumberland, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

William J. Corbin

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mch. 20

Age

26

Male

White

Married

Widow

Divorced

Brickman

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

one

Husband

of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tubercular consumption

How long sick

6 mos.

Death

Immediate

Transition

~~Accident, Suicide, Homicide~~

Reported by

A. H. Stansbury  
Cumberland Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Name in Full

Certificate of Death

Charles Cronk

Died at <sup>Town</sup> Pinto <sup>County</sup> Allegheny MARYLAND

Date 1902 <sup>Month</sup> 3 - <sup>Day</sup> 10 - <sup>Y.</sup> 02 <sup>M.</sup> 02 <sup>D.</sup> 02 Age 30 <sup>Native of</sup> Blacksmith <sup>Occupation</sup> Blacksmith

<sup>Male</sup> Male <sup>White</sup> White <sup>Married</sup> Married <sup>Widow</sup> Widow <sup>Divorced</sup> Divorced

<sup>Female</sup> Female <sup>Colored</sup> Colored <sup>Single</sup> Single <sup>Widower</sup> Widower <sup>Number of children living</sup> Number of children living

Husband of Wife

Father's Name Unknown Mother's Maiden Name Unknown

Cause of Death { Primary Crushed by train How long sick 160

Death { Immediate \_\_\_\_\_ unknown Accident, Suicide, Homicide

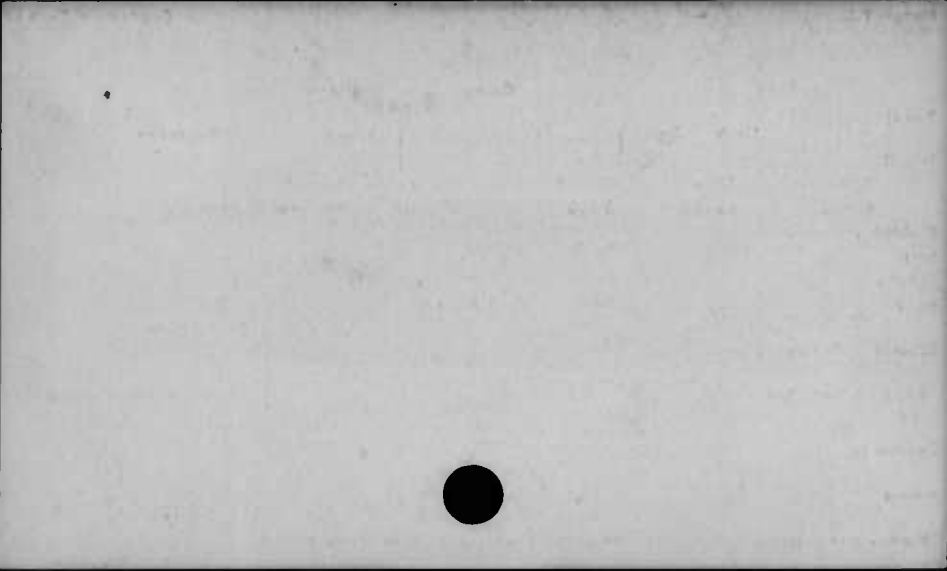
Reported by

J. M. Spear

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Mary Danforth

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar. 30

Age 50

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primery

Dropsy

Death

Immediate

Exhaustion

How long sick

177 1 year

Accident, Suicide, Homicide

Reported by

Mrs. W. F. Fann, Md.

Address

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

Mrs. Patrick Melaney

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

18

Age

80.0

6

Ireland

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Six

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Patrick Melaney. 93

Mother's

Maiden Name

Hannah Cain Mary Cain

How long sick

5 days

~~Accident, Suicide, Homicide~~

Lobar Pneumonia

Pericarditis

Dr. A. S. Howard

Vale Summit Allegheny Co. Md



Is the  
Central Canyon



Name in Full

Certificate of Death

Thos. Dorris

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 17

Age

59-1-

Ireland Farmer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cancer of Liver

How long sick

3 mos

Death

Immediate

Accident, Suicide, Homicide

Reported by

W. W. Wiley

Address

Baltimore

40

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893







Name in Full

Certificate of Death

William Nyche

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 24

Age

87 - -

W Va

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

116

Cause of

Primary

Accident

How long sick

—

Death

Immediate

Broken Neck

Accident, Suicide, Homicide

Reported by

E B Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808







Charles Dye

Town

County

Died at Barton

Allegany

MARYLAND

Date 1902 Mar 17

Month

Day

Age

Y.

M.

D.

Native of

Occupation

31-5-11

America

miner

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Margaret E. Clark

Father's Name James Henry Dye

Mother's

Maiden Name

Elizabeth Miller

Cause of Primary Probably Cancer

How long sick

2 or 3 years

Death

Immediate

Haemorrhage

Accident, Suicide, Homicide

Reported by

S. A. Boucher

Address

Barton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



102





Name In Full

Certificate of Death

Francis Joseph Eagan

Town

County

Died at

MARYLAND

Date 1902 March 29 | Age - 6 | Native of Md | Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Died at *Cumtland* Town *Allegheny* County *MARYLAND*  
 Date 1962 *Mch. 1-* Month Day Age *6 mos.* Y. M. D.  
 Male White Married Widow Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Native of *City* Occupation  
~~Number of children living~~

Husband of

Wife

Father's Name *Ward Eichelberger* Mother's Maiden Name *Miss Bruch*

Cause of Death { Primary *Premature birth* Immediate *Quarantine* } How long sick *151*  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Hattie Heaguer

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 13

Age

30

Md

School Girl

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Mother's

Name

Chas. Heaguer

Maiden Name

Cause of

Primary

Appendicitis

Death

Immediate

Exhaustion

How long sick

12 days

~~Accident, Suicide, Homicide~~

Reported by

H. F. Twigg

Address

Cumberland, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

Clarence Fowler

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

3 - 27

Age

9

Ma

Male

White

~~Marrried~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Robt. Kelly

Mother's

Maiden Name

Florence Fowler

Cause of

Primary

Convulsions 71

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

J. M. Spear  
Cumberland  
MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79835



George Ormiston 44

Farm (Garrett) Pa

Been in Baden 10 days

Back after mending

fever to 3 on T. + 104.4

Broke out Thursday -

Pine plains -

Fever vaccinated



Name in Full

Certificate of Death

Charles Fusterberg  
 Died at Cumtobland Town Allegheny County MARYLAND  
 Date 1962 Month 3 Day 9 Y. 16 M. 2 D. — Native of Ind. Occupation Tin Worker  
 Male White Married Widower Divorced  
 Female Colored Single Number of children living —

Husband or  
 Wife

Father's Name Wm Fusterberg Mother's Maiden Name Florence Keller

Cause of Death { Primary Typhoid Fever How long sick 3 weeks  
 Immediate Exhaustion Accident, Suicide, Homicide —

Reported by J. W. Fochtmann & Geo L. Broxton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







*Anthony Giovanni Trind*  
 Town County

MARYLAND

Died at *Leesville* *Alabama*  
 Month Day Y. M. D. Native of Occupation  
 Date 19 *02* *March* *26* Age *3* *mil* *clerk*  
 Male White Married Widowed Divorced  
 Female Colored Single Widowed Number of children living *1*

Husband of

Wife

Father's Name *Joseph Trind* Mother's Maiden Name *Magaret Slack*

Cause of Death { Primary *Asphyxiation* How long sick *5-10 minutes*  
 Immediate *Paralysis of Heart* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Nora C. Gormes

Died at Midland Town Alleghany County MARYLAND

Date 1912 Month March Day 2<sup>d</sup> Age 21-8-10 Y. M. D. Native of Maryland Occupation Housewife

~~Male~~ White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of Michael Gormes  
 Wife of Michael Gormes

Father's Name John McGeady Mother's Maiden Name 135

Cause of Death { Primary Child birth - followed How long sick over 4 weeks  
 Immediate by Pneumonia Accident, Suicide, Homicide

Reported by A. J. SmithAddress Midland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

*Emma Gurley*  
Town County

Died at *Cumberland Allegany* MARYLAND

Date 1902 3 - 22 Age 22 Y. M. D. Native of Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of  
Wife

Father's Name *Lyungus Gurley* Mother's Name *Miss Frank*

Cause of Death { Primary *Tuberculosis of Lungs* How long sick *Thmos.*  
Immediate *Transition* Accident, Suicide, Homicide

Reported by  
Address *H. H. Stansbury  
Cumberland*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

Albert J. Holder

Town

County

Died at Sonaeoring Allegany

MARYLAND

Date 1902 March 11 - Month Day Y. M. D. Age 38-0-4 Native of England Occupation Stable Boos

Male

White

Married

~~Widow~~~~Divorced~~

Occupation

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Eight

Husband of

~~Wife~~ Ann Bowden 40

Father's Name Thos Albert Holder

Mother's

Hidden Name

Sarah Ann Ward

Cause of Primary Cancer of the Stomach

How long sick

one year

Death

Immediate

Inadition

~~Accident, Suicide, Homicide~~

Reported by

James A. Bullock Jr?

Address

Sonaeoring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Lewis Jones

Town

County

MARYLAND

Died at

Cumberland, Allegany

Date 1902 Mar 20 Age 19 5 — Native of Cumberland Occupation —

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

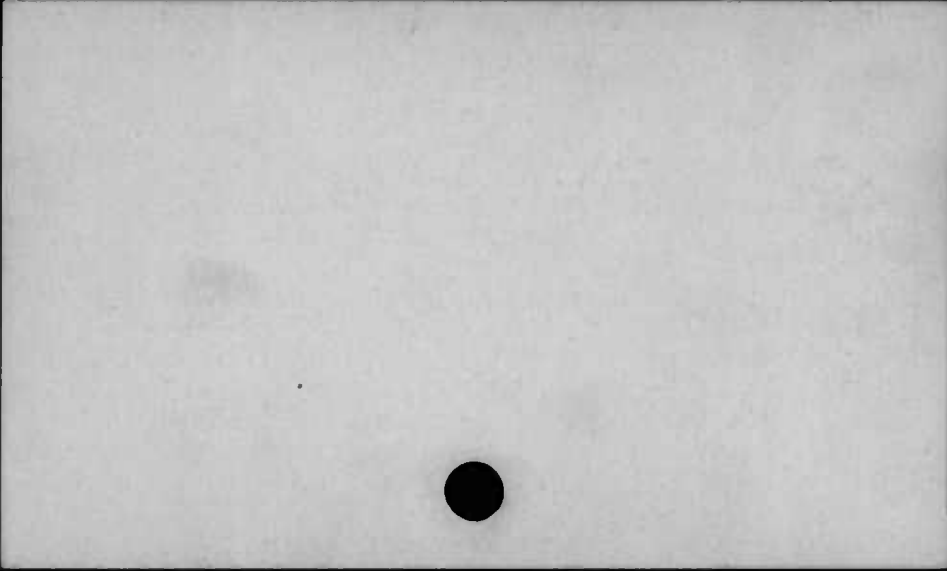
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Harry Clayton Kelley

Town

County

Died at

MARYLAND

Annaburgh Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

March 30

Age 28

W. Va.

Machinist

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Daniel J. Kelley

Mother's

Maiden Name

Matilda J. Arnold

Cause of

Primary

Cerebro Spinal Meningitis

How long sick

25 days

Death

Immediate

Abscess of Brain - Convulsions

Accident, Suicide, Homicide

Reported by

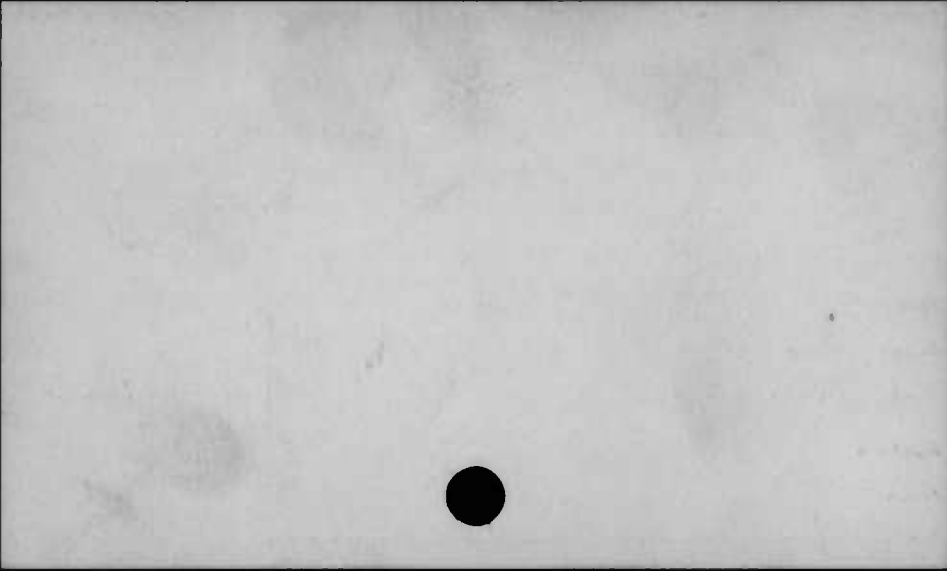
J. J. J. J. J.

Address

Annaburgh

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name In Full

Certificate of Death

*Margaret Lewis (col)*  
 Town County

Died at *Cumberland* *Keegans* MARYLAND

Date 1902 *3* *13* *44*  
 Month Day Y. M. D. Native of Occupation  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's  
 Name Mother's  
 Maiden Name

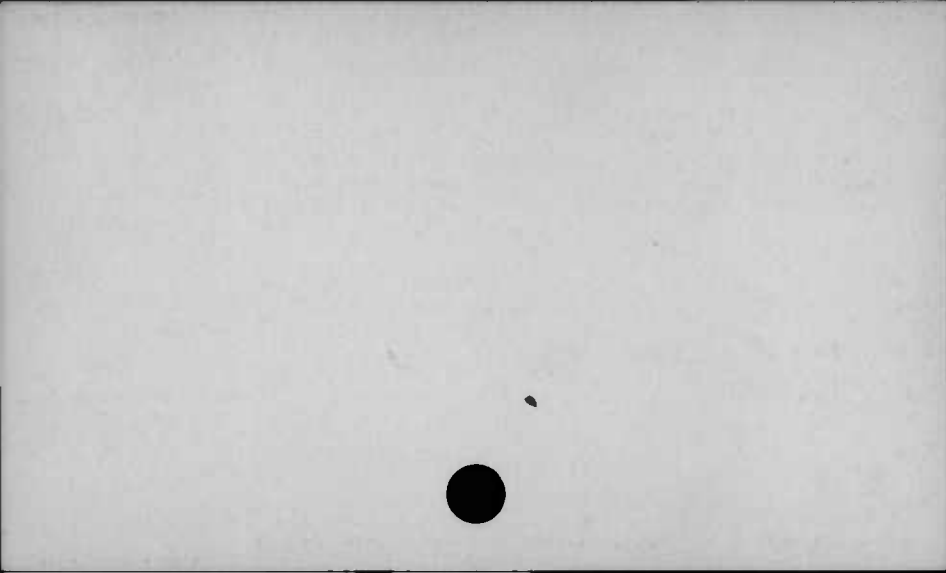
Cause of Death { Primary Immediate *Concussion* *70*  
 How long sick  
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







*Mrs. Eliza J. Mansfield.*

Died at *Cumberland* Town *Allegheny* County *MARYLAND*

Data 1902 *Mar* Month *15* Day Age *40* Y. M. D. *4* Native of \_\_\_\_\_ Occupation \_\_\_\_\_

☒ Male ☐ White ☐ Married ☐ Widow ☒ Divorced  
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living \_\_\_\_\_

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of *Primary Peritonitis* How long sick *5 Days.*  
 Death *Immediate* Accident, Suicide, Homicide

Reported by

*Dr. E. B. Gaybrook, M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Henry Mills

Town

County

Died at

Cumber

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

Y.

D.

Native of

Occupation

3 15

Age

22 - -

Md

Piano Player

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

~~Number of children living~~

Husband

of

Jessie Mills

Father's

Name

Mother's

Maiden Name

Mary Mitchel

Cause of

Primary

Morphine Poison

How long sick

1 hour

Death

Immediate

Exposure

175

~~Accident, Suicide, Homicide~~

Reported by

Marcellus Martin acting Coroner

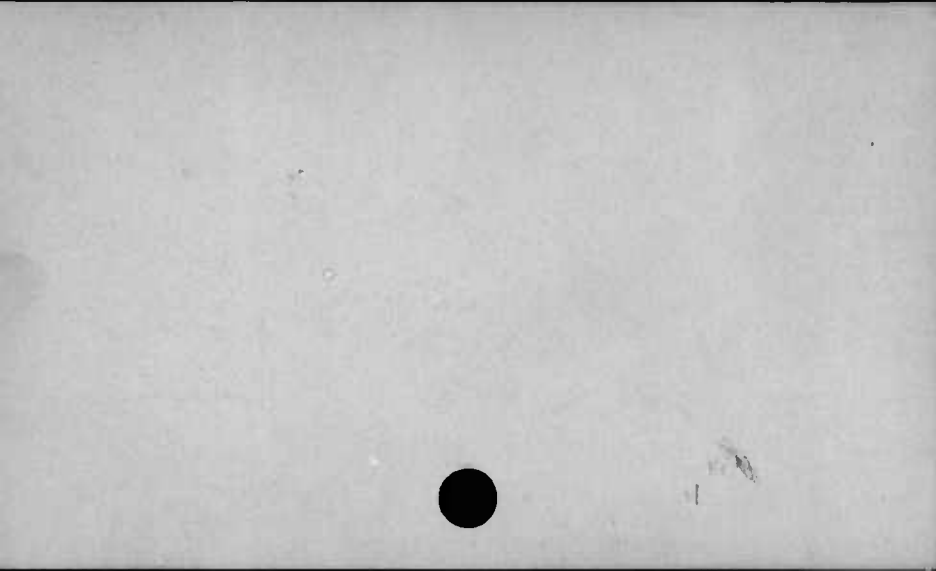
Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Cumber Permit No 586







Name in Full

Certificate of Death

Name in Full *Joseph Mills*  
 Town *Sonaeonny* County *Allegheny*  
 Died at *Sonaeonny* *Allegheny* MARYLAND  
 Date 1902 *March 31* Month *March* Day *31* Y. *3* M. *4* D. *15* Native of *Sonaeonny* Occupation *—*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *—*

Husband of *He*  
 Father's Name *William Mills* Mother's Name *Mary Barry*  
 Cause of Death { Primary *Septicemia - birth's soap* Immediate *Septic Infection* How long sick *one week*  
 Accident, Suicide, Homicide *—*

Reported by *James Q. Bullock M.D.*  
 Address *Sonaeonny* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

Elsie Moore Winford McKins

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

21

Age

4

- 16

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

about 2 mos.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966







Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Age 80

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of

Primary

old age

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

M. C. M. W. L. E. S. C. H. A. R. T. M. E. Y. N. G. N. E. S. T.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 20000







Name In Full

Certificate of Death

Howard C. Ogilby -

Town

County

MARYLAND

Died at Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb. 24

Age 43

Hagerstown News Reporter

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Samuel Ogilby

Mother's

Maiden Name

Sarah Robertson

Cause of

Primary

Cirrhasis glis

How long sick

Death

Immediate

acute exhalation

~~Accident, Suicide, Homicide~~

Reported by

W. W. Witty

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Date 1902		Month <i>March</i>	Day <i>28th</i>	Y. <i>1902</i>	M. <i>1902</i>	D. <i>1902</i>	Native of <i>Allegheny</i>
Age <i>few hours</i>		Male		White		Married	
Female		Colored		Single		Widow	
Husband of		Wife		Divorced		Widower	
Father's Name		Mother's Name		Maiden Name		Number of children living	
<i>Dennis O'He</i>		<i>Clara</i>		<i>Hiller</i>		<i>150</i>	
Cause of		Primary		Failure of closure		How long sick	
Death		Immediate		Foramen Ovale		Accident, Suicide, Homicide	
Reported by		<i>EB Claybrook</i>					
Address		<i>[Redacted]</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

James Standon O'Toole -

Town

County

Died at Midland

Allegany

MARYLAND

Date 1902 March 11

Month

Day

Y.

M.

D.

Native of

Occupation

Age - 4-24

Irish

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband

of

Wife

Father's

Name

Chas O'Toole

Mother's

Maiden Name

Catharine Rooney

Cause of

Primary,

Inflammation of trachea

How long sick

6 days

Death

Immediate

Bronchitis

Accident, Suicide, Homicide

Reported by

A. Smith M.D.

Address

Midland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808







Name in Full

Certificate of Death

Ruth C. Beck

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 15

Age

1 6

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Singl~~~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Buck Chatman

Mother's

Maiden Name

Virginia Beck

Cause of

Primary

Gastro Enteritis

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. B. Watson M.D.

Address

175 Ballman

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892







Name in Full

Certificate of Death

Ella M Rice

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March 22

Age

-

-

4

md

dress

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Martin O Rice

Katie Swift

Cause of

Primary

Death

Immediate

Cerebral

How long sick

2 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

Casper F Reichert

Town

County

MARYLAND

Died at

Cumber

Belleq.

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

22

Mar 29

Age

42 --

MD

Saloon

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Mary Gravenstine

Wife

Father's

Mother's

Name

Casper F Reichert

Maiden Name

Cause of

Primary

Apoplexy

64

How long sick

Immediate

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. H. Brace MD

Address

Cumber

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Name In Full

Christina Riehl  
 Town Cumberland County Allegany

MARYLAND

Died at

Date 1902 3-25 Age 46  
 Month Day Y. M. D. Native of Occupation  
 Male White Married Widow Divorced Housewife  
 Female Colored Single Widower Number of children living 3

Husband of Jacob Riehl  
 Wife  
 Father's Name  
 Mother's Maiden Name

Cause of Death { Primary Brain pressure  
 Immediate Paralysis of respiration  
 How long sick 1 mo.  
 Accident, Suicide, Homicide

Reported by 74 H. S. Glenshaw  
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Name in Full

Certificate of Death

John Robinson

Town

County

Pinto

Allegheny

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

15

Age 30

Georgia

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's  
Name

Unknown

Mother's  
Maiden Name

Unknown

Cause of

Primary

Peritonitis

How long sick

3 days

Death

Immediate

Shock

116

Accident, Suicide, Homicide

Reported by

J. M. Sear.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79806







Name in Full

Certificate of Death

Alexander Smith

Town

County

Died at

Gilmore

Allerpan

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

March 25-

Age

45-5-

Scotland

miner

Male

White

Married

Widow~~Divorced~~~~Female~~~~Colored~~~~Single~~Widower

Number of children living

11-

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Margaret Ryan

James Smith

Jane Brown

Cause of

Primary

Run over by mine cars

How long sick

Not at all

Death

Immediate

Columbia mine -

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

James O. Bullock m.?

Address

Lima comig Ma -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898







Name in Full

Certificate of Death

Minnie Kearney

Town

County

MARYLAND

Died at

Cumberland Maryland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 21

Age

68

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Consumption

How long sick

4 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

A. F. Lewis

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968







Andrew Tennant

Died at Sonoma, Allegheny MARYLAND

Date Mar - 30 - 1902 Age 72 9 2 Y. M. D. Native of Scotland Occupation Miner  
Race White Married Widowed Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living one

Husband of Catharine Ann Tennant  
Father's Name Andrew Tennant Mother's Name Margaret Douglas  
Maiden Name

Cause of Death { Primary La Grippe Immediate Pneumonia  
How long sick 8 days  
Accident, Suicide, Homicide

Reported by M. Gibson Porter  
Address Sonoma Maryland

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.



Town

17

17





Araminta Thomas

Town

County

Died at

Cumberland.

Allegheny

MARYLAND

Date 1902

Month

Day

Such. 28

Y.

M.

D.

Age

1-17

Native of

West

Occupation

Clerk

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

John C. M. Thomas

Mother's

Maiden Name

Dora E. Smith

Cause of

Primary

Tuberculosis

27

How long sick

7 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. W. Fourn, S.D.

Address

P. Sleight St.



Cumberland West

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Died at		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND					
Date 19 <i>02</i>		Month <i>Mar.</i>		Day <i>26</i>		Age <i>3</i>		Native of <i>Ind</i>		Occupation	
Male		White		Married		Widow		Divorced		Number of children living	
<del>Female</del>		<del>Colored</del>		<del>Single</del>		<del>Widower</del>		<del>Number of children living</del>			
Husband of											
Wife											
Father's Name		<i>Chas. Twigg.</i>				Mother's Maiden Name		<i>Ida Alanton</i>			
Cause of		Primary <i>Premature birth</i>						How long sick <i>3 days</i>			
Death		Immediate <i>Transition</i>						<del>*Accident, Suicide, Homicide</del>			
Reported by		<i>H. H. Staushury</i>									
Address											
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.											







Name in Full

Certificate of Death

Alvin Wilks

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 21

Age

3

✓

✓

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Joseph Wilks

Maggie Preston

Cause of

Primary

Famidia

How long sick

Death

Immediate

Haemorrhage from Corp

~~Accident, Suicide, Homicide~~

Reported by

St Bon cher

Barton Ind

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895







Name in Full

Certificate of Death

asey *Jeremiah Hick*

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 13

Age

57

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

*Sclerosis*

How long sick

*2 years*

Death

Immediate

*Valley*

Accident, Suicide, Homicide

Reported by

*W. J. King*

Address

*Cumberland*

63

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898







No name

Town

County

Died at *Cumbechee*

MARYLAND

Month Day

Y.

M.

D.

Native of

Occupation

Date 1902

March 2

Age

- - 2

male

clean

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's

Name

Lelay Wilson

Mother's

Maiden Name

Laura M. Elbert

Cause of

Primary

Hemorrhage of bowels

How long sick

1 day

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



